PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice;

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/734,220			ing Date 15/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	385	ı	N/A	TLL (0)
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A		1	N/A	
_	(37 CFR 1.16(k), (i), (ii)	E	N/A		N/A		N/A		ı	N/A	
	(37 CFR 1.16(o), (p), (p), (p), (p), (p), (p), (p), (p	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =			x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							385	ı	TOTAL	
									ER THAN		
AMENDMENT	07/19/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	· 18	Minus	 20	= 0		X \$26 =	0	OR	x s =	
z	Independent (37 CFR 1.16(h))	• 1	Minus	 3	= 0	1	X \$110 =	0	OR	x s =	
ΜĒ	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z	Total (37 CFR 1,16(1))		Minus		-	l	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))	•	Minus	***			x \$ =		OR	x s =	
핇	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid Fo" in THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid Fo" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid Fo" (Total or independent) is the highest number found in the appropriate box in column 1.											

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